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ABSTRACT

A clarification of the identification process for emotionally disturbed children is presented. Traditional definitions of emotional disturbance (ED) are explored and four behavioral clusters within traditional definitions are presented. The four are withdrawal from social interaction (autism), unsatisfactory interpersonal relationships, consistently inappropriate behavior under normal circumstances, and a general pervasive mood of unhappiness or depression. Other factors to be considered in the identification of ED are consistency, intensity, duration, and age appropriateness. Diagnostic information should be obtained from home interviews with the parents, observational data (behavioral checklist, formal observation, interviews with student), self-inventories and projective measurement, and clinical consultation. The rationale for identification is discussed as well as educators' fears of the possible negative side effects of labeling, and their lack of competency in identifying ED. The author concludes that by identifying children with ED, the teacher begins a remediation process. (PHR)

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IDENTIFICATION OF YOUNGSTERS WITH EMOTIONAL DISABILITIES

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With the growth of programs in our state serving youngsters with emotional disabilities, we are faced with the need to more specifically address those issues involved with the identification of such population. A clarification of the identification process is the purpose of this paper.

We will begin by examining the more traditional definitions of emotional disabilities and continue through to the more recent trends in defining youngsters with behavioral difficulties. In addition, we will deal with the methods used to identify such youngsters and we will address the very basic question, "Why identify in the first place?"

Those familiar with the field of emotional disabilities realize that our Iowa definition of emotional disabilities is based quite heavily on the work done by Eli M. Bower and Nadene M. Lambert at the California State Department of Education in the early 1960's. Much of the information I am going to share with you can be read in Bower and Lambert's publication "In-School Screening of Children with Emotional Handicaps" found in Conflict in the Classroom (Long, Morse and Newman, 1971). I am going to use this source to provide a background in describing "four behavioral clusters" contained in more traditional definitions of youngsters with emotional disabilities.

Withdrawal from social interaction in the school environment is an area that we have not emphasized in the past. At the furthest extreme, this behavior is seen in those children referred to as "autistic" or "autistic-like." At a

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less severe level these youngsters withdraw in the school setting - not just the shy child - but rather a child withdrawing to the point where educators are sincerely concerned that such a youngster's personal adjustment in the school setting is in trouble; coupled with the feeling that things might become worse unless appropriate interventions are initiated. Unlike the situation with many other emotionally disabled youngsters, here we are concerned with low frequency behaviors (social interactions, verbal behavior, etc.) rather than a high frequency of inappropriate behavior such as aggressive acts.

A second behavioral pattern noted in identifying youngsters with emotional disabilities centers around interpersonal relationships:

> The term "satisfactory interpersonal relations" refers to the ability to demonstrate sympathy and warmth toward others, the ability to stand alone when necessary, the ability to have close friends, the ability to be aggressively constructive and the ability to enjoy working and playing with others as well as to enjoy working and playing by oneself.
>
> Bower & Lambert 1971
> (pp. 142-143)

Although we most commonly associate this inability in interpersonal areas to be the result of the display of behavior patterns (aggression, verbal behavior, etc.), this deficiency may also be seen in the withdrawn youngster.

Our third behavior pattern is described as "consistently inappropriate behavior under normal circumstances." This is, for example, that youngster whose behavior pattern remains outside the realm of acceptability no matter what school activity is going on. Such a youngster's behavior may be considered unacceptable on the playground just as it was during the morning reading group. "What is appropriate or inappropriate, mature or immature, is best judged by the teacher using his professional training, his daily and long-term observation of the child,

and his experience working and interacting with the behavior of large numbers of children" (Bower & Lambert, 1971, p. 143). We are fortunate in our state to have other professionals whose observational skills can be combined with the classroom teacher's in making such a determination; an area we will be examining more closely at a later point.

The final behavioral pattern described in more tradtional definitions is a "general pervasive mood of unhappiness or depression." To this professional, such a pattern of behavior is one of the most difficult with which to deal. As Bower and Lambert describe:

> Children who are unhappy most of the time may demonstrate such feelings in expressive play, art work, written composition, or in discussion periods. They seldom smile and usually lack a "joy of living" in their school work or social relationships. (Page 143).

Many of us as teachers can recall these youngsters: the child who displays a sadness, a loss of purpose; a condition one hates to see in adults but finds even more disturbing when seen in youngsters.

As mentioned in the beginning of this paper, we are now dealing with some new concepts in the definition of emotionally disabled pupils. This is not meant to imply a lack of confidence in the vailidity of such behavior patterns as described above. The inclusion of new concepts is based on the premise that such a listing can never be complete in describing all the bahavioral combinations we deal with in our programs for the emotionally disabled. We do see, however, based largely on the work done by Dr. Bower in California, that the aforementioned behavior patterns are the most common problems brought to our attention in the public school setting.

I would like to move from the more traditional definitions of emotional disabilities into some of the issues which have come to fore more recently. These issues deal with our need to design programs for emotionally disabled youngsters on the basis of observable behavior patterns rather than hypothesized internal states of these youngsters. I personally hope that we will be capable of "objectifying" our identification procedures yet not reach the point where we fail to recognize the existance of any of the more complex behavior patterns shown in our youngsters which may be difficult to specify in behavioral terms.

It is important, however, to add several concepts to those that we have already discussed regarding the identification of emotionally disabled pupils. These are consistency, intensity, duration, and age appropriateness. These are important factors to consider when identifying youngsters with emotional disabilities.

When looking at a youngster suspected of having an emotional disability we should examine and document the consistency of the reported problem. Is this behavior of concern something we see rarely or has this behavior taken on a consistent quality? Is the behavior observed only once every three weeks or do we see it an average of every 15 minutes during the school day?

How intense is the behavior with which we are concerned? In the area of disruptive behavior is the pupil's behavior so disruptive that everyone in the classroom is disturbed? If we are concerned with verbal behavior, is the disruptive verbal behavior excessively loud or in a normal tone of voice? If

the student has consistent difficulties in getting along with peers, is this a minor verbal provocation or an intensive physical fighting with his peers? These questions should be asked when identifying youngsters with emotional disabilities.

What is the duration of the behavior under question? Does it last or does it quickly fade away? Does Sally withdraw into her silent world for ten minutes and then return to acceptable behavior? Or, does her extreme withdrawn behavior persist for two, three, four hours at a time?

Consistency, intensity and duration of behavior must be accessed by objective data compiled by a member or members of the staffing team prior to a youngster being identified as emotionally disabled. There are a number of observational and reporting systems to use for this purpose. The importance of such a means of gathering data is articulated by Reynolds (1975):

> ". . . systematic observation is an objective means of gathering data that can be used to understand, correct or change a situation or individual's behavior. It is an organized way of looking for differences that may have positive or negative significance in the management of children's education. Ultimately, it is a professional skill to improve the classroom performance of teachers and provide them with greater satisfaction in their professional activities." (p. v)

I would like to note here that not only do we use observational data to document intensity, frequency and duration of behavior but we also use this information to qualitatively describe the behavior of concern. For example, by using such information we may be able to describe in more precise terms "Johnny's inability to maintain satisfactory and/or personal relationships with peers."

Another concept we should examine in identifying youngsters with emotional disabilities is the "age appropriateness" of his behavior. For example, an extreme withdrawal reaction to all members of the opposite sex may be quite appropriate for male first graders. But how would we view a high school adolescent who consistently exhibits this behavior? This is another area in which objective observational data may be quite helpful.

By what means do we gather this diagnostic information? I would like to deal with this multi-faceted area next.

Data should be available concerning the home situation when a youngster is suspected of needing services for the emotionally disabled. The school social worker is often the professional staff member best able to provide such input. This information provides the staffing team with the background of the parents' perception of the problem, the history of the youngster's problem, as well as perceived home factors which may be contributing to the youngster's difficulty in school. In the past we may have become fixated on analyzing the family dynamics and failed to move beyond this point. Today we realize that examining the family situation is merely one step. We also realize that many programs we design in the school setting for youngsters may very well be contingent upon parental cooperation to insure program success. For example--we may deal with a motivational system (behavior modification) that includes both in-school and out-of-school rewards for appropriate behavior. In this case, the out-of-school component success if quite dependent on how successful we have been in soliciting this cooperation. We also need to remember that although we may have two components, in-school and out-of-school, conveniently dichotomized in our conceptual schemes, in reality these are interrelated and success in either area is frequently affected by success in the other.

Observational data has been mentioned earlier in this paper as essential in evaluating those youngsters potentially identified as being emotionally disabled. I would like to look at two ways of gathering this data; both of which I feel should be included as information used by the diagnostic educational staffing team.

The first of these would be that information most commonly gathered by a behavioral checklist. There are several behavior checklists commercially available. In addition, many professionals have modified these commercially available checklists into something more relevant to their local needs. Although formats may differ, these checklists generally have those significant others who are in contact with the youngster--teachers, counselors, administrators--respond to various behavioral descriptors and note whether such behaviors are a problem with the particular youngster in question. By gathering this data from several people we may ascertain which behaviors seem to be major problems, how serious these problems are, and whether such behaviors are consistently noted.

The second type of observational data is gathered by an objective observational system. This would entail an objective person observing in the school setting and formally gathering observational data related to a particular youngster and his classroom interaction. Again, as was the case with checklists, there are many observational systems from which to choose. Most of these do include the components of specific behaviors observed, a specific recording system and a specific time frame in which behaviors are observed. By combining these two tools, behavioral reporting via checklist data and specific behavioral observation data, we are in a much better position to accurately assess the consistency, intensity, and duration of the behavior or concern which led to referral.

Another area with which we must be concerned is how the youngster perceives the school problem as well as how he perceives other areas which may be bothering him. We use a number of methods in gathering this information. One of the dangers that we face as professionals is that of becoming so centered on our attempt to become more objective in our evaluations that we overlook this area.

Perhaps the most basic means of looking into this area is to interview the pupil. This may be by means of more structured interview or left unstructured if the interviewer is skilled and feels comfortable doing so. In this process we deal with such questions as "How do you feel about how things are going in school?" "Do you feel good about yourself?" "What do you think should be done to help matters in school?" By asking such questions, the skilled interviewer is capable of learning about many aspects of the youngster and his relationship to the school setting; aspects we may miss in our more objective fact-finding.

In addition to the interview, we use many other instruments in the part of the evaluation including self-inventories and projective instruments. One word of caution - I feel that projective instruments (MMPI, CAT, TAT, Rorschach, etc) may be useful, but in order to do so they must: 1) be administered by someone thoroughly trained in this area, and 2) be educationally relevant. It is my experience in clinical settings that there seems to be a tendency to gather much information with these instruments, which may be clinically relevant, yet whose relationship to an educational program is, at best, questionable.

Another component of identification, required for our more restrictive placement proposals, is that of clinical consultation. Many people have appeared to misinterpret this component as going outside of the school setting to gain

approval from someone, such as a psychiatrist, prior to placing a youngster with emotional disabilities in a self-contained program. This is not the case. Rather, we are seeking the professional opinion of someone trained in dealing with emotionally disabled youngsters in both therapuetic and educational areas. We are presenting the diagnostic information we have, a description of the program we are proposing and asking "Do you have any concerns regarding this proposed placement?" This should add to the procedural safeguards we provide for those youngsters we are identifying as emotionally disabled. We are not asking or requiring such things as clinical diagnoses, approval of our decisions or abdicating our responsibility in providing educational programs for these youngsters. It is still the responsibility of the diagnostic educational team to determine whether a youngster is in need of services provided under the area of emotional disabilities.

One final area in our discussion deals with the general information we need in identifying these youngsters. The Rules of Special Education (1974) state that all special education staffing shall include:

> The compilation or acquisition of a comprehensive educational evaluation for each pupil which includes recent evaluations of vision, hearing, language and speech, intellect, social functioning, academic status, health history, and other elements as being appropriate by the diagnostic educational team. (Page 15)

How many of you have been confronted with the question, "Why should we identify any youngster as emotionally disabled?", or the statement "I refuse to place the label of ED on any pupil." The final part of this paper will deal with the question "Why identify?"

Before addressing the possible repercussions of not identifying youngsters who are in need of special education programs and services, I would like to speak of some of the possible reasons fellow professionals have hesitated to identify ED youngsters. I do this with the realization that I may be tapping only a few of these reasons - by no means am I being complete.

Perhaps the most prevailing hesitation in identifying youngsters as emotionally disabled occurs as a result of our concern regarding the possible "stigmatizing" effect of identifying a youngster as emotionally disabled. We fear not only the short term effects of labeling these youngsters but the long term implications of the youngster bearing the label emotionally disabled.

We, as a state agency, are concerned with protecting these youngsters from the possible negative effects of such a label. I see only two needs in using the term "emotionally disabled." They are: 1) in reporting a youngster's primary handicapping condition to this agency for purposes of delineating services needed and provided, and 2) in reporting to parents, as part of our due process procedure, their youngster's primary handicapping condition. I see no reason to label any room as "the ED room" or any youngster as the school's "emotionally disabled pupil." Furthermore, we encourage the reporting of identified youngsters with emotional disabilities by a coding process rather than actual names. Yes - we must be able to audit, if necessary, the services being rendered to youngsters identified. No - we are not interested in maintaining any master name list of those youngsters throughout our state in need of such services.

Another hesitation in identifying these youngsters may be the result of opinions that these youngsters may be best served in other types of special education programs. Perhaps the most reported tendency to do this would be the temptation to serve youngsters with emotional disabilities in programs for the learning disabled. This is complicated by the widely reported and empirically based data related to the academic deficiencies appearing in youngsters with emotional disabilities.

Many special education professionals also question their particular competency in identifying youngsters with emotional disabilities. I have often heard the statement, "I was not prepared in my training program to deal with these emotionally disabled pupils." This seems to be one area in which many of us feel quite uncomfortable - afraid of making professional mistakes.

One final possible reason contributing to the hesitation in identifying ED youngsters has been the dearth of programs in our state serving such youngsters. Many have hesitated to identify this handicapping condition when after such an identification process there are no programs to meet the needs of this youngster. Yet at the same time, in order to begin programs, we must have a documented need for such programs.

What are the repercussions we face by not identifying those youngsters who are in need of such programs? I feel there are several that should be mentioned.

Perhaps one of the saddest experiences in my professional career is to visit and work with youngsters whose behavior has become so serious that they require institutionalization - youngsters who perhaps could have been spared this restrictive alternative <u>if</u> appropriate interventions had been available at an

earlier time. As I stated in an earlier issue of Perspective:

> The majority of our programs are presently available only in large population cities. Thus, we are faced with the difficult question of how to serve such a youth in our more rural areas. Presently, the only option may be to serve these youngsters in special education programs which may not in any way be "most appropriate" or wait until their handicap is of such a severe nature which will require an institutional program outside of their home community. This latter alternative is especially difficult to reconcile in light of our "least restrictive" goals in providing programs for these youngsters. (page 2)

This is the most serious possible repercussion I see as a result of our hesistency to identify and create programs for the emotionally disabled - the human consequences of a youngster who needs a program, none is forthcoming and the problem, rather than remitting, becoming more serious.

The emotionally disabled youngster has particular program needs, which cannot be always met in the regular classroom or other types of special education programs. Such needs may include the structure of the classroom, a teacher particularly sensitive to the supportive needs of the youngsters with whom we deal, a curriculum appropriately structured for these pupils, a behavioral management system based on consistent, firm yet fair limitations and a means for dealing with undesirable and unacceptable behaviors. When placed in other programs, youngsters with emotional disabilities may not have these needs met. Possible repercussions include the negative outcome for the behaviorally disabled youngsters as well as the interference this inappropriate placement may create for those other youngsters in the program.

We are familiar with the havoc ED youngsters may create in the traditional school environment. A youngster whose behavior is predictably, as well as, consistently disruptive is far from pleasant to have around - especially when

little or no improvement is seen. An unserved ED youngster's behavior may become worse - the attitude by significant others around him may become less tolerant and less likely to provide help. We see this often when we try to convince members of a community of the need to provide appropriate alternatives in education, for a youngster whose behavior is causing problems in the community. We may have to deal with many negative feelings expressed by those who have worked with the youngster - feelings fueled by the years of lack of improvement of behavior and no services available. In this we may face a situation analogous to that described by Keniston (1974) who states:

> Given the American belief that a man through hard work could rise to the top, it followed that those who remained on the bottom were less virtuous than those on the top. The poor in America have traditionally been seen as wanting in character or merit, and offer as a dangerous influence even on their own children, who would be better trained in "good families," where prosperity attested to virtue, or in schools dominated by the values of the well-to-do. (page 8)

One final word on the repercussions of not identifying. In our state we are charged with establishing programs where few existed before. In order to do so we must establish a need for such programs. Once a youngster has been identified an appropriate program must be provided. However, it such a youngster is not properly identified we cannot insist upon planning such a program nor can the local district count on financial assistance with which to conduct such a program. Another component of this particular problem is our need, at the state level, for accurate data for which to plan programs. Only by having such data, can we actively strive to develop the programs we need on a state wide basis.

A couple more thoughts before ending. First, we must accept that we are making judgements about the acceptability of behavior. Albert Bandura, perhaps

best known for his work dealing with modeling behavior, states:

> The designation of behavior as pathological does involve social judgments that are influenced by, among other factors, the normative standards of a person making the judgments, the social context in which the behavior is exhibited, certain attributes of the behavior, and numerous characteristics of the deviator himself. (Bandura, 1969, page 3).

Or, as expressed in rhetorical manner by Rhodes, (1967):

> If a tree crashes in the forest, but there is no human receptor apparatus to be activated by the subsequent sound waves, is there a noise? Is the sound relied in the crashing tree which sets up the sound wave, does it reside in the receptor mechanism, or is it a product of both? We might ask the same question about emotional disturbance. When an individual lives or behaves in a disturbing fashion, does the disturbance exist without a reactor group to register the condition? Does the disturbance reside in the child, the reactor or is it a part of both? (Rhodes, 1967, page 449).

Now that I have managed to sufficiently confuse the issue I would like to present one other concept. Of all the behaviors that we have described as possibly being indicative of emotional disabilities we see behaviors interfering with the "behavioral freedom" of such students. Behavioral freedom, not in the sense of a license to create havoc in our school classrooms, but rather freedom to grow into mature productive adults. Or put another way Lazarus (1971), "Contrary to popular belief, the result of emotional freedom is not alienation or increased vulnerability, but decreased anxiety, close and meaningful relationships, self-respect, and social activity" (page 116). Bower, (1957) has perhaps best summarized this goal:

> Certainly there are at present no magic buttons which we can push to ensure increased amounts of emotional maturity for our future citizens. It would seem most profitable, however, to attach the problem of enhancing personality growth at definite points with specific programs for action in evaluation. Or, if there is a potential for magic it relies in the resiliency of the child. (page 147)

In summary, this paper has addressed the issue of identifying youngsters in our state with emotional disabilities. The importance of appropriately identifying these youngsters as well as providing needed programs is articulated by Morse (1974):

> The importance of the school in mental health comes from the fact that it is the only professionally staffed agency which sees all children, and thus can serve a screening function as well as provide more diagnostic and treatment services for those with serious problems. Schools have group life, a vast range of possible activities, many caring adults and a mandate to use these resources for the welfare of all children, even the deviant child. We have the growing resources of special education for the emotionally disturbed. And the problems of social emotional deviance cannot be ignored even if we tried to ignore them in a fractured society as ours is, neglect cannot be tolerated. A major investment in the adjustment of our children and youth must be forthcoming. We cannot afford anything less than an intensive effort. The quality of this effort will be dependent upon a new style and higher level of diagnosis in the schools. (page 165)

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